

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 191

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Goodman B

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, — Months, — Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Store Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } 220 Harrison

Cause of Death, { First (Primary), Second (Immediate), } Softening of the Brain
Paralysis, Aphasia

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Gloyd St Synagogue

Date of Burial, June 5th 1887

Undertaker, J. L. Sondheim A. R. Duval M. D.

Medical Attendant.

Place of Business, 120 N. Greene St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 12th

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A. 192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 5-A.M.

Full Name of Deceased, Joseph Brown

Sex, Male ☒ Female, ☐ { Cross out the word not required in this line. }

Age, 21 Years, _____ Months, _____ Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, ☐ { Cross out the word is not required in this line. }

Occupation, Porter

Birthplace, Balto. Co.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, 900 Bolton St.

Cause of Death, Acute Consumption

Duration of Last Sickness, 15 days, I have attended,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co. Md.

Date of Burial, June 6 1887

Undertaker, Alex. Henry

Place of Business, 5600 Broadway

J. D. Johnson M. D.
Medical Attendant.
Address 322 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 193 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Kauster

Sex, Male or Female, { Cross out the word not required in this line. } male Kauster

Age, ✓ Years, ✓ Months, ✓ Days

Color, ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 10 Shakespeare St

Cause of Death, { First (Primary), Second (Immediate), } Exposure to heat of sun
Exhaustion

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Circuit

Date of Burial, June 5th 87

{ Undertaker, Felix Grosskowsky } Jos. Blum M. D. Medical Attendant.

{ Place of Business, 132 Elizabeth St Address, 16 Columbia Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 194 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Chase

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 51 Years, - Months, - Days

Color, Light-Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ☒

Occupation, Housework

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1215 Jefferson St.

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Liver (?)
Askenia

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Ave

Date of Burial, June 5/87

Undertaker, Wm N Smyer } Eugene F. Goodell M. D.
Medical Attendant.

Place of Business, 180 East St Address, 325 Oak Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 195** Office of Registrar of Vital Statistics. Ward **13th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1887

Full Name of Deceased, Frank Adams { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, 13 Days.

Color, White

~~Married~~ Single, ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, _____

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, # 934 W. Pratt St { Give Street and Number. }

Cause of Death, Seething { First (Primary), }
Spasms { Second (Immediate), }

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 4th 1887

Undertaker, Jos. B. Cook

Place of Business, 1003 W. Baltimore

Medical Attendant, Dr. J. M. De Goez M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John M. De Goez [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 196 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1884
Full Name of Deceased, Priscilla Hill,
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 54 Years, 4 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓
Occupation,
Birth Place, { State or country, and how long in the United States, if of foreign birth. } U S A
Duration of Residence in the City of Baltimore, 25 years
Place of Death, { Give Street and Number. } (427) Eastern Ave.
Cause of Death, { First (Primary), Second (Immediate), } Cancer of Stomach
Duration of Last Sickness, 7 m
All the above information should be furnished by the Physician.
Place of Burial, St. Carmel Cem
Date of Burial, June 6. 1884 E. D. Williams M. D.
{ Undertaker, R. Sander of Medical Attendant, }
{ Place of Business, 1710 Canton Ave. Address, 2728 E. 4th St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 197 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augusta Dargosa
Female

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Suckling

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1 day

Place of Death, { Give Street and Number. } St. Mary's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Capillary Bronchitis in Infant
Asphyxia & exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, June 6. 1887

Undertaker, H. Sander & Son

Place of Business, 1708 Canton Avenue

Medical Attendant, St. Mary's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 198**

Office of Registrar of Vital Statistics.

Ward **2**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 5th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Katie Parlak**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **1** Years, **7** Months, **✓** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **✓**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **City**

Duration of Residence in the City of Baltimore, **Since Birth**

Place of Death, { Give Street and Number. } **# 607 S. Bond St**

Cause of Death, { First (Primary), Second (Immediate), } **Diphtheria (Croupal)**

Duration of Last Sickness, **9 days**

All the above information should be furnished by the Physician.

Place of Burial, **S. Alphonsus Church**

Date of Burial, **June 6th 87**

Undertaker, **Felix Broskowski** **John H. Rehberger** M. D.

Medical Attendant.

Place of Business, **1732 Wisconsin St** Address, **# 1709 Alia Anna St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 199 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th mo. 3, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 6 Days.

Color, African

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 226 Chestnut St.

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 226 Chestnut St.

Cause of Death, { First (Primary), Second (Immediate), } Malnutrition
Convulsions

Duration of Last Sickness, ✓

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jun 6 1887

{ Undertaker, William A. Dugan } Robert M. Matthews M. D.
Medical Attendant.

{ Place of Business, 150 East St. } Address, 289 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 200 Office of Registrar of Vital Statistics.

Ward 15ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H Marine

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, 15 Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Baltimore city Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lifetime

Duration of Residence in the City of Baltimore, 113. Welcome alley

Place of Death, { Give Street and Number. } Malarial fever

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last ~~Sickness~~, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, June 6 1887

Undertaker, Hercules Ross

Place of Business, 404 Connaught

Address, 224 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]